

RECENED 2005

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1972 contained in this form are not required to respond unless the form (6/99) displays a currently valid OMB control number.

ATTENTION: Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
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hours per response.

FORM D

PROCESSED
FEB 01 2005

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY

THEMSON
FINANCIALIX
Serial

DATE RECEIVED

Name of Offering (check if this is a	ın amendment	and name has	s changed, and	indicate change.)	
R			* **		
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[ ] <u>Rule 505</u>	[ x ] Rule 506	[ ] Section 4(6)	[]ULOE
Type of Filing: [x] New Filing	g [ ] Amer	ndment			

## A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

## Applied DNA Sciences, Inc.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
9229 West Sunset Blvd. Suite 830, Los Angeles, California 90069 Tel. (310)-860-1362

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) same as above

Brief Description of Business The Company provides security solutions for the protection of corporate, personal and intellectual property from counterfeit and fraud by utilizing a proprietary line of DNA embedded- biotechnology products. Its products and services will be offered to corporations and government agencies and will be accompanied with monitoring and enforcement support.

Type of Business Organizatio	n	
[ x ] corporation	[ ] limited partnership, already formed	[ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed	
	Month Yea	ır
Actual or Estimated Date of Ir	corporation or Organization: [ 0 ] 4 ] [ 98*	] [x] Actual [] Estimated
Jurisdiction of Incorporation o	r Organization: (Enter two-letter U.S. Postal S CN for Canada; FN for other forei	

### GENERAL INSTRUCTIONS

**Federal:** Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

**State:** This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this

form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) t Apply:	hat [] Promoter [	] Beneficial Owner	[x ] Executive Officer	[x ] Director [ ]	General and/or Managing Partner
Full Name (Last	name first, if individu	al) <b>Robin Hutch</b>	ison		
Business or Res 9229 West Suns	idence Address (Nun set Blvd. Suite 830,	nber and Street, C Los Angeles, Ca	City, State, Zip Cod Alifornia 90069 1	e) [el. (310)-860-13	32
Check Box(es) to Apply:	hat [] Promoter [	] Beneficial Owner	[x ] Executive Officer	[x ] Director [ ]	General and/or Managing Partner
Full Name (Last	name first, if individu	al) Peter Brocki	esby	<b>.</b>	٠
	idence Address (Nun set Blvd. Suite 830,				62
Check Box(es) tl Apply:	hat [] Promoter [	] Beneficial Owner	Officer	[x ] Director [ ]	General and/or Managing Partner
Full Name (Last	name first, if individu	al) Ron Erickso	n	•	
	idence Address (Nun set Blvd. Suite 830,				32
					-
Check Box(es) the Apply:	nat [] Promoter [ ]	Beneficial   Owner	[x ] Executive Officer	[x ] Director [ ]	General and/or Managing Partner
Full Name (Last	name first, if individua	al) <b>Lawrence Le</b> e	<del>D</del>		

# Business or Residence Address (Number and Street, City, State, Zip Code) 9229 West Sunset Blvd. Suite 830, Los Angeles, California 90069 Tel. (310)-860-1362

Check Box(es) that Apply:	[ ] Promoter [ ] Beneficia Owner	l [ ] Executive Officer	[x ] Director [ ] Gene Mana Partn	aging
Full Name (Last name	first, if individual) Micha	el Hill		
	e Address (Number and St vd. Suite 830, Los Angel			
				-
Check Box(es) that Apply:	[ ] Promoter [x] Benefici Owner	al [ ] Executive Officer	[] Director [ ] Gener Mana Partne	ging
Full Name (Last name	first, if individual) RHL M	anagement, Inc.		
	e Address (Number and St , Los Angeles, CA 90069		ode)	
Check Box(es) that Apply:	[ ] Promoter [x] Benefici Owner	al [] Executive Officer	[] Director [ ] Gener Manaç Partne	
Full Name (Last name	first, if individual) Glenn	Little	•	
	e Address (Number and St , <b>Midland, Texas 70710</b>	reet, City, State, Zip Co	de)	
Check Box(es) that Apply:	[ ] Promoter [x] Benefici Owner	al [] Executive Officer	[] Director [] Gener Manag Partne	ging
Full Name (Last name	first, if individual) Biowel	l Technology Corp.		
Business or Residence 18F, No.959, Chur Chung-Ho City, Ta Taiwan, R.O.C	-	reet, City, State, Zip Co	de)	
Check Box(es) that Apply:	[ ] Promoter [x] Benefici Owner	al [] Executive Officer	[] Director [ ] Gener Manaç Partne	ging
Full Name (Last name	first, if individual) Chaim	Stern		
Rusiness of Residence	Address (Number and St	reet City State Zin Co	ide)	

### B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						Yes No [ ] [X]						
Answer also in Appendix, Column 2, if filing under ULOE.												
2. Wh	at is the	minimu			•	•		any indivi				\$50,000
3. Doe	s the of	fering p	ermit joi	nt owne	rship of a	a single ι	unit?	•••••		••••		Yes No
or indi with sa broker dealer	rectly, a ales of s or deal . If more	ny comi ecurities er regist than fiv	mission s in the tered wit ve (5) pe	or simila offering. th the SI ersons to	r remun If a pers EC and/o	eration for son to be or with a d are as:	or solicita listed is state or sociated	states, lis	urchaser ciated pe st the nar	rs in con- erson or a me of the		a or
•	11 P	,	•		•							
Full Na	ame (La	st name	e first, if i	ndividua	al) DePa	alo, Rob	ert					
			e Addre Y 10022	•	ber and	Street, (	City, Stat	e, Zip Co	ode) 488	Madiso	n	
Name	of Asso	ciated E	Broker o	Dealer:	Vertica	al Capita	l Partner	s, Inc.			. •	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)					ates							
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[/ (C) [IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[· -]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (La	st name	e first, if i	ndividua	al)							
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	ode)			
Name	of Asso	ciated E	Broker or	Dealer								
States	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha	sers			
(Chec	k "All S	States"	or chec	k indivi	idual Sta	ates)	• • • • • • • • • • • • • • • • • • • •	•		[	] All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[OM]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
(	Use bla	nk she	et, or co	py and	use add	litional	copies o	of this sh	eet, as r	necessar	y.)	

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security  Debt	Aggregate Offering Price \$ 6,000,000	Amount Already Sold \$
Equity	\$	\$ -0-
[ x ] Common [ ] Preferred 120 Units for \$50,000 include 10% convertible notes, convertible into 100,000 shares of Common Stock (\$).50 per share) plus 100,000 warrants exercisable at \$0.75 per share) for a 5 year exercise period.	\$ 9,000,000	
	\$	\$
Partnership Interests	\$	\$
Other ().	\$	\$
Total	\$ 15,000,000*	\$ -0-
Answer also in Appendix, Column 3, if filing under ULOE.	, , , ,	<b>T</b>
*Use of Proceeds covers \$6,000,000 in convertible note purchases and does not include unexercised warrants.	,	
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	8	\$ 1,465,000
Non-accredited Investors		\$
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, in ming and cr CECE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A Rule 504		- \$
Total:		\$ \$
	, , , , , , , , , , , , , , , , , , ,	• •
4. a. Furnish a statement of all expenses in connection with the		

amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees		[x]\$ 5,000
Printing and Engraving Costs	<b>3</b>	[x] \$ 5,000
		[x] \$ 45,000
		[x] \$ 25,000
		[]\$
	finders' fees separately)	
Other Expenses (identify)	filing fees, administrative fees	[x]\$ 27,500
Total		[] \$ 707,500

b. Enter the difference between the aggregate offering price given in response to Part

C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This \$5,292,500 difference is the "adjusted gross proceeds to the issuer." ...........

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Salaries and fees	Payments to Officers, Directors, & Affiliates [x] \$1,200,000	Payments To Others
Purchase of real estate	[-],,	(legal/prof)
Purchase, rental or leasing and installation of machinery and equipment		[x] 500,000
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		\$ 250,000
Repayment of indebtedness	\$ 850,000	
Working capital	[x]\$650,000	[x] 200,000
Other (specify): Sales and Marketing	[x] 835,000	[x] 129,259
General and Administrative (and finders' fees and costs associated with the offering)	[x <u>] \$ 315,000</u>	[x] 42,500
Column Totals  Total Payments Listed (column totals added)	\$3,850,000 [ x ] \$5	\$1,433,500 , <b>292,500</b>

### D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Applied DNA Sciences, Inc.

Name of Signer (Print or Type)

Karin Klemm

Signature

Date 1/09/05

Title of Signer (Print or Type)

Chief Operating Officer / Secretary

### **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)